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SC DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BOARD OF LANDSCAPE ARCHITECTURAL EXAMINERS  
110 CENTERVIEW DRIVE (29210)  
POST OFFICE BOX 11419  
COLUMBIA, SC 29211-1419  
TELEPHONE (803) 896-4580 FAX (803) 896-4424

APPLICATION FOR LANDSCAPE ARCHITECT REGISTRATION EXAMINATION  
(LARE)

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PLEASE INDICATE WHICH METHOD YOU CERTIFY TO MEET THE SC REQUIREMENTS TO SIT FOR THE CLARB – LARE IN SC:

\_\_\_\_\_ Method I – Accredited Degree in Landscape Architecture and Two Years Varied Landscape Architectural Experience.

\_\_\_\_\_ Method II – Non-accredited degree or degree in related field and Five Years Varied Landscape Architectural Experience.

I hereby certify that I meet the education and experience requirements of Method I or Method II to take the CLARB – LARE in the State of South Carolina.

Signature: \_\_\_\_\_

*I. Please contact the CLARB Council office at (571) 432-0332 or visit [www.clarb.org](http://www.clarb.org) to request that a copy of your CLARB Council Record be transmitted to the SC Board of Landscape Architectural Examiners. We will accept the transcripts and three references on your CLARB Council Record, so you will only need to submit two additional references with this application.*

**II. PERSONAL DATA**

1. Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

2. Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Preferred Address: \_\_\_\_\_ Employer \_\_\_\_\_ Residence

4. Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
City, State

5. Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

6. Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other

**III. PROFESSIONAL REFERENCES** – List below two additional references (not relatives or members of this Department or the Board), that are not included on your CLARB Council Record who will provide information in regard to your character and professional ability. Please indicate the state and registration number for the landscape architects under the “occupation” field. Please forward the form posted on the Board website at <http://www.llronline.com/POL/LandscapeArchitect/PDF/Applications/LA%20Reference%202010.pdf> to these individuals and have them return the form directly to the Board office.

Name of Reference	Complete Address	Occupation	Relationship to Applicant

#### **IV. MISCELLANEOUS QUESTIONS**

- (a) Have you ever been refused a license or had disciplinary proceedings filed against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (b) Have you ever been convicted of a crime other than a minor traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (c) Have you ever been judged mentally incompetent by court of competent jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (d) Have you surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (e) Have you ever been found by a court or registration board to have violated the landscape architectural laws or the professional/occupational laws of any jurisdiction? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (f) Have you entered into any negotiated settlement with regard to professional or occupational registration laws? \_\_\_\_\_ Yes \_\_\_\_\_ No
- (g) Have you ever used the title "Landscape Architect," offered or performed landscape architectural services in the State of South Carolina? \_\_\_\_\_ Yes \_\_\_\_\_ No

*If you answer "Yes" to any of the above questions, please attach an explanation on a separate sheet. Be sure to include dates and states/jurisdictions where any action was taken. Additional documents from courts or other Boards may also be required.*

*South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

### AFFIDAVIT OF ELIGIBILITY

Pursuant to section 8-29-10 of the South Carolina Code of Laws (1976 as amended), the Department of Labor, Licensing and Regulation must verify the lawful U.S. presence of any person who applies for a South Carolina license. Please complete and sign this Affidavit of Eligibility. The information provided is subject to verification.

#### **Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_\_ I am a Foreign National, not physically present or employed in the United States.

***If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.***

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check the acceptable secure and verifiable document(s) you hold. A copy of the verifiable document(s) must be attached to the Affidavit of Eligibility.

- ☐ A valid South Carolina Driver's License, South Carolina Driver's Permit or South Carolina Identification Card. Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_
- ☐ A valid out-of-state issued photo Driver's License or photo identification card, photo driver's permit. State: \_\_\_\_\_; Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Permanent Resident Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_.
- ☐ Employment Authorization Card; Alien Number \_\_\_\_\_; Card Number \_\_\_\_\_; Date of Expiration: \_\_\_\_\_

- ☐ Certificate of Naturalization with intact photo.
- ☐ Certificate of (US) Citizenship with intact photo.
- ☐ Other: (Name of verifiable document) \_\_\_\_\_

2. Enter the state or the federal agency name where the secure and verifiable document(s) was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

3. Please provide your social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Include a copy of the card with the Affidavit)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or seek reinstatement of a professional or commercial license as provided for in 8 U.S.C. §1621. I understand that state law requires me to provide proof that I am lawfully present in the United States.
- I understand that in accordance with section 8-29-10 of the South Code, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a felony.
- I am the person identified above, and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

*The South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.*